

**REQUEST FOR TAX REFUND**

Name of taxpayer(s) or business entity Mailing Address:	Verizon Wireless, C/o Tracy Rosson P.O.Box 7028 Bedminster, N.J. 0791-7028
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Reason for request (attach additional information: Corrected Public Service Report for 2002 10/24/02)

Declaration: I declare that the statements and figures hereon are true, full and correct to the best of my knowledge and belief:

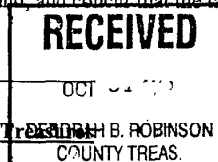
See Attached Margaret Rosson  
Signature of taxpayer or authorized officer Property Tax managerDate 10/22/02

Type of Tax Tax Year Ticket #	Description of Property	Amount of Tax to be Refunded	
PSC-2002	Bethel District RE Bill #40	Tax:	\$ 3487.97
GL# 3-010-30311-2010		Penalty:	\$
GL#		Interest:	\$
GL#		TOTAL:	\$ 3487.97
		Tax:	\$
GL#		Penalty:	\$
GL#		Interest:	\$
GL#		TOTAL:	\$
		Tax:	\$
GL#		Penalty:	\$
GL#		Interest:	\$
GL#		TOTAL:	\$
Amount of Refund for Taxes Paid			\$
GL# 3-010-30311-2010		Interest Paid by the County	\$ 145.45
TOTAL REFUND DUE			\$ 3487.97

3632.42

**REFUND AUTHORIZATION****Commissioner of the Revenue**

I have reviewed the above request for a tax refund, and concur that the taxpayer is entitled to the refund indicated for the following reason(s):

Ann H. Thomas  
Commissioner of the Revenue10/31/02  
Date

I hereby verify that the aforementioned taxpayer(s) have made payment of tax for which a refund has been requested. Such payment; and any amount owed the County by the taxpayer(s) which should be deducted from any refund made to the taxpayer, are in the following amounts:

\$1191.82 per request payment to Treas. for PSC #43-1Delorah B. Robinson  
Treasurer10-30-02  
Date**County Attorney**

Pursuant to the provisions of Section 21-7.3, York County Code, I hereby consent to a tax refund to the taxpayer in the amount authorized by the Commissioner of the Revenue, less any amount owed the County by the taxpayer(s).

[Signature]  
County Attorney11/5/02  
Date**Financial and Management Service**

In accordance with the above authorizations, the refund above has been issued accordingly.

[Signature]  
Financial and Management Service

Date

**Procedures for Requesting a Refund:**